

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09-367797

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		1		1		
5		1		1		
6		1		1		
7		①		1		
8		①		1		
9		①		1		
10		1		1		
11		2		1		
12		2		1		
13		1		1		
14		1		1		
15	1		1			
16		1		1		
17		2		1		
18		1		1		
19		1		1		
20		①		1		
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23		1		1		
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TOTAL IND.		3		3		3
TOTAL DEP.		37		37		37
TOTAL CLAIMS		40		40		40

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY